



State of Connecticut
Department of Public Safety
Division of State Police

DPS-90-C (Rev. 04/03)

CRIMINAL INFORMATION SUMMARY☐ ADDITIONAL PAGES

TROOP / UNIT: L		OTHER INVOLVED AGENCY: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES, Dutchess County Sheriff Dept	
DATE: 11/28/04	TIME: 1753hrs	INVESTIGATING TROOPER / OFFICER: Tpr. Tranquillo #464	DPS CASE NUMBER: DPS 04-059575
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): Rt. 7 S/B, approximately 1/4 of a mile north of Bulls Bridge Rd. Kent CT			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input checked="" type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION On 11/28/04, at approximately 1739hrs this Trooper was advised by desk personnel that the Dutchess County Sheriff's Department was in pursuit of a possible intoxicated party entering into CT. At the intersection of Rt.341 and Rt.7 this trooper followed, in an attempt to engage in the pursuit, which proceeded S/B on Rt.7. Approximately 1/4 of a mile north of Bulls Bridge Rd. The vehicle's operator lost control, the vehicle rotated twice before leaving the roadway. The vehicle came to final rest off of the right S/B shoulder. The vehicle had not struck anything off of the roadway. Once the vehicle came to rest the operator was taken into protective custody. As the operator was assisted out of his vehicle, the front seat passenger, the operators seven year old son, exited apparently having not sustained any injuries. It was determined by this trooper that the operator was intoxicated and he was taken into custody. (Continued on Page 2 of 2.)			
VICTIM:(DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input checked="" type="checkbox"/> YES AGE:
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE:
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	JUVENILE: <input type="checkbox"/> YES AGE:
ARRESTED:(DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input checked="" type="checkbox"/> M <input type="checkbox"/> F		DOB: 08/27/68	ADDRESS: RR1 P.O. Box 482 Wingdale New York
CHARGES: 1.DWI 2.Reckless Driving 3.Risk of Injury to a Minor 4.Engaging in Pursuit		COURT: GA: 18 TOWN: Litchfield DATE: 11/29/04	BOND: \$50,000 <input checked="" type="checkbox"/> CASH <input checked="" type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input checked="" type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:
<input type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
(Charges Continued)			
CHARGES: 5.Evading Responsibility 6.Operating Without a License.		COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:
<input type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
CHARGES: 1. 2. 3. 4.		COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:
<input type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
CHARGES: 1. 2. 3.		COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:
<input type="checkbox"/> M <input type="checkbox"/> F		DOB:	ADDRESS:
PERVISOR'S APPROVAL REQUIRED: INITIALS: <i>1052</i> ID #: <i>136</i> DATE:			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE <u>FREEDOM OF INFORMATION LAWS.</u> FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301			



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SUMMARY OF INCIDENT OR AFFIDAVIT: <input type="checkbox"/> ARREST MADE <input type="checkbox"/> UNDER INVESTIGATION (CONT.) This trooper later learned that the suspect vehicle had become involved in two separate motor vehicle accidents in the course of the pursuit. Both involved minor damage and no injuries. The operator was charged with the listed charges. He is scheduled to appear in GA18 Litchfield Superior Court on 11/29/04 at approximately 0900hrs. A \$50,000 bond was set for the operator. The operator will face similar charges when arraigned in New York, where the pursuit originated following a motor vehicle stop. END.			
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		JUVENILE: <input type="checkbox"/> YES AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
		JUVENILE: <input type="checkbox"/> YES AGE:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F		ADDRESS: (TOWN/CITY&STATE ONLY)	
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NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB: ADDRESS:	
CHARGES: 1. 4.		COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F		DOB: ADDRESS:	
CHARGES: 1. 2. 3. 4.		COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @: INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
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